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PTO/SB/21 (04-07)
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Total Number of Pages in This Submission

2

Application Number	09/349, 380
Filing Date	July 9, 1999
First Named Inventor	John P. Jasper
Art Unit	1743
Examiner Name	Samuel P. Siefke
Attorney Docket Number	JASJ-4

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg DeVault LLP		
Signature			
Printed name	Gregory B. Coy		
Date	May 15, 2007	Reg. No.	40,967

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PTO/SB/81 (01-06)

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INDICATION FORM**

Application Number	09/349,380
Filing Date	July 9, 1999
First Named Inventor	John P. Jasper
Title	A STABLE ISOTOPIC IDENTIFICATION
Art Unit	1743
Examiner Name	Samuel P. Siefke
Attorney Docket Number	JASJ-4

I hereby revoke all previous powers of attorney given in the above-identified application.

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52,450

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>John P. Jasper</i>	Date	5/17/07
Name	John P. Jasper	Telephone	(860) 739-1926
Title and Company	CHIEF SCIENTIFIC OFFICER, MOLECULAR ISOTOPIC TECHNOLOGIES LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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